

RECEIVED

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

DEC 08 2023

SD Secretary of State

|   |  |  |   |            |
|---|--|--|---|------------|
| 1. TITLE OF NEWSPAPER   | FAITH INDEPENDENT                          |  | 2. DATE   | 09/26/2023 |
| 3. FREQUENCY OF ISSUE<br>WEEKLY   | 3A. NO. OF ISSUES PUBLISHED ANNUALLY<br>52 | 3B. ANNUAL SUBSCRIPTION PRICE<br>\$45 in area/\$50 out |   |            |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)<br>(Not printers)<br>PO BOX 38; FAITH, MEADE, SD 57626-0038   |  |  |   |            |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)<br>RAVELLETTE PUBLICATIONS, INC; PO BOX 788; PHILIP, SD 57567   |  |  |   |            |
| 6. FULL NAME OF PUBLISHER: DONALD J RAVELLETTE  |  |  |   |            |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)<br>FULL NAME<br>DONALD J RAVELLETTE (100%)<br>COMPLETE MAILING ADDRESS<br>PO BOX 633; PHILIP, SD 57567 |  |  |   |            |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)<br>NONE  |  |  |   |            |
| 9. EXTENT AND NATURE OF CIRCULATION   |  | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS     | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |            |
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)   |  | 625  | 625   |            |
| B. PAID AND/OR REQUESTED CIRCULATION  |  |  |   |            |
| 1. Sales through dealers and carriers, street vendors, and counter sales.   |  | 160  | 168   |            |
| 2. Mail Subscription<br>(Paid and or requested)   |  | 367  | 367   |            |
| 3. Paid Electronic Copies   |  | 22   | 24  |            |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION<br>(Sum of 9B1, 9B2 and 9B3.)  |  | 549  | 559   |            |
| D. FREE DISTRIBUTION  |  |  |   |            |
| 1. BY MAIL, CARRIER OR OTHER MEANS  |  | 16   | 16  |            |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES   |  | 0  | 0   |            |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)   |  | 565  | 575   |            |
| F. COPIES NOT DISTRIBUTED   |  |  |   |            |
| 1. Office use, left over, unaccounted, spoiled after printing   |  | 61   | 58  |            |
| 2. Return from News Agents  |  | 21   | 16  |            |
| G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)   |  | 625  | 625   |            |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

(Title)

State of South Dakota

County of Haakon

(Seal)



Sworn to before me this 29 day of Sept, 2023

Notary Public

My commission expires: 4-3-2027